U.S. EPA RESPONSE ACTION CONTRACTS (RACS) - REGION 6 CONTRACTOR MONTHLY COST/PERFORMANCE REVIEW

DUE BACK BY: October 31, 2003 VOUCHER #: 35A
Reporting Period: August 29, 2003 - September 26, 2003 Contract #: 68-W6-0036

Return to: Tom Reilly RACS Contractor: CH2MHILL

Email: reilly.tomc@epa.gov WA #: 112-RICO-02KK

WAM/RPM: Grisell V. Diaz-Cotto Site: Diamond Head Oil

Attachments may be kept. The green pages are CBI and must be treated as such.

COMMENTS:

Are the attached monthly invoice and progress report accurate? Are the costs reasonable and commensurate with products delivered or work progress? Is work in conformance with the scope of work, approved work plan, and technical direction given to the RACS contractor?

Using the following evaluation range, write in the appropriate performance rating number in the table below for each evaluation criteria: Outstanding (3.4-4.0); Exceeds Expectations (2.5-3.3); Satisfactory (2.0-2.4); Unsatisfactory (1.0-1.9) for reference during semester evaluations. Explain any unsatisfactory performance elements. Express your performance concerns directly to the contractor.

Page 2 is an invoice review check sheet to assist and document your review in key areas. This check sheet must be used. Indicate in the comments/action items area those apparently unreasonable cost items identified in your review. Obtain from the contractor a response to your concerns. If the response is inadequate or not available in time to return this form by the due date, explain in the comments/action items section.

CAUTION: WAMs are advised that any rating of 2.4 or less at contract closeout will result in -0- award fee. Cumulative ratings of 1.9 or lower require the issuance of a Performance Event Report (PER). PERs must be issued within the same period that the discrepancy occurred.

CRITERIA	OUTSTANDING (3.4-4.0)	EXCEEDS EXPECTATIONS (2.5-3.3)	SATISFACTORY (2.0-2.4)	UNSATISFACTORY (1.0-1.9)
PROJECT PLANNING		33		
TECHNICAL COMPETENCE		3.0		
SCHEDULE/COST CONTROL		3.0		
REPORTING		3.0		
RESOURCE UTILIZATION		3.3		
EFFORT		3.0		

COSTS ARE REASONABLE: Y/N Work Assignment Manager's Signature	Circle your decision and if NO, supply your rationale. Date



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WAM CHECKLIST FOR VOUCHER REVIEW

REMEDIAL WORK ASSIGNMENT

		YES	NO	N/A
LABOR	LOE commensurate with effort and appropriate for work assignment.	Χ		
	2. Labor mix is appropriate and consistent with work assignment needs.	\times	e e	
TRAVEL	3. Purpose of trips is known, trips approved, and necessary to support the WA.	X		
	4. Local travel expenses are warranted and reasonable.	\times		
EQUIPMENT	5. Equipment and/or materials charges necessary and reasonable to support the WA.			Х
ODCs	6. ODC charges necessary to support WA and reasonable for work provided.	X		
	7. Appropriate breakout of ODC costs provided.	X		
TEAM SUBS	8. Hours and other charges are reasonable for WA support provided and consistent with the approved work plan.	X		
MOBILE LAB	9. Lab charges necessary to support WA.			Х
SUBS	10. Subcontract charges consistent with the work provided.	X		
OTHER	11. Charges made are appropriate to the account/DCN number (if applicable)	X		

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